

For your



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

# BENEFIT

Published by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts and participating communities

Deval Patrick, Governor

Thomas A. Shields, Chair

Dolores L. Mitchell, Executive Director

Fall 2007

## GROUP INSURANCE COMMISSION

Providing State and Participating  
Community Employees, Retirees,  
and Their Dependents with Access  
to Quality Care at  
Reasonable Costs

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## HCSA and DCAP Open Enrollment

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For 2008 Calendar  
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## Governor Signs Law Allowing Municipal Employees to Join the GIC

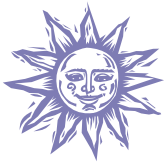


*We need to relieve the pressure to raise local property taxes," said Governor Deval Patrick at the July 25, 2007 bill signing permitting municipalities to join the state's GIC for health insurance and for merging underperforming local pension funds with the state's high-performing system. "The Municipal Partnership Act gives cities and towns more options to save money and increase revenue, and I am proud to sign key parts into law today. By permitting municipalities to join cheaper state-run systems, we foster just the kind of engaged partnership we need between state and local government to move Massachusetts forward," the Governor said. Pictured behind the Governor left to right are Senator Richard T. Moore (D-Uxbridge), City Manager of Chelsea Jay Ash, Essex Regional Retirement Board member Glenn C. Morse, GIC Executive Director Dolores L. Mitchell and Metropolitan Area Planning Council Project Manager Joel Barrera.*

On July 25, Governor Deval Patrick signed into law Chapter 67 of the Acts of 2007 that allows municipalities the option of joining the Group Insurance Commission's health coverage. The Governor and Lt. Governor Tim Murphy had included this proposal as a centerpiece of their Municipal Partnership Act. The law will enable municipalities to reduce health insurance costs for their employees and retirees by joining the GIC's state employee pool. Municipal employees who join GIC health coverage will no longer collectively bargain their health insurance benefits, which will be determined instead by the GIC. The new law also allows regional councils of government and regional planning agencies, charter schools and education collaboratives to join GIC coverage as a local option.

According to research conducted by the Massachusetts Municipal Association in cooperation with the Massachusetts Taxpayers Association, the average rate of municipal health care cost growth of 13 percent a year for the last six years was almost double that of the GIC's rate increase. In addition to saving money, many municipal employees would have access to a broader array of health plans.

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## Suffering from a Chronic Disease? Don't Neglect Your Emotional Well-Being



**Y**ou've just been delivered a blow and life as you've known it has been turned upside down. Your doctor has informed you that you have a chronic illness, a medical condition lasting more than three months. Whether you've been diagnosed with diabetes, heart disease, multiple sclerosis, cancer, asthma, or another chronic condition, the emotional turmoil exacted may be a roller coaster ride. Denial, sadness, depression and/or anger are common responses to a chronic disease diagnosis. Managing these emotions will affect your ability to cope with the disease and improve your quality of life.

As many as 50 percent of individuals with chronic illnesses are estimated to have some sort of behavioral health issue, according to a recent study commissioned by United Behavioral Health, one of the GIC's major mental health benefit managers. The prevalence of depression, anxiety, and substance abuse in the population with chronic conditions is two to three times that in the general population:

Chronic medical condition	% treated for depression/anxiety	% with depression/anxiety
Arthritis	7.1%	32.3%
Hypertension	5.5%	30.5%
Chronic pain	5.9%	61.2%
Diabetes Mellitus	5.2%	30.8%
Asthma	6.8%	60.5%
Coronary Artery Disease	5.7%	48.2%
Cancer (malignant)	5.7%	39.8%

Source: 2006 Milliman, Inc. research study of U.S. health care data

Depressive symptoms, such as significant weight loss or gain, sleep disturbance, low energy, apathy, and poor concentration, mimic symptoms of the chronic condition or side effects of medications for the disease. As a result, they go unidentified or may not be treated. Getting help for your emotional needs is critical for avoiding and minimizing complications of your medical condition, and will help you comply with the medication and lifestyle modifications prescribed by your doctor. Patients' and their caregivers' stress can wear down the cardiovascular system, immune system, and gastrointestinal system, contributing to an increased risk or worsening of heart disease, migraines, asthma, diabetes, ulcers, cancer, and general health deterioration.

If you are experiencing any of the following, for two weeks or more, consult your physician or mental health professional. (*Note: If you have thoughts of suicide, seek help immediately!*):

- ◆ Persistent sad or anxious mood
- ◆ Loss of interest or pleasure in ordinary activities, especially those that used to give you pleasure
- ◆ Decreased energy or fatigue
- ◆ Sleep disturbances
- ◆ Feeling helpless, hopeless, or worthless
- ◆ Loss of appetite, weight loss or gain
- ◆ Difficulty concentrating
- ◆ Excessive crying

Your health plan can refer you to a mental health professional if you wish to see one. Your doctor will assess your emotional state carefully and review your personal and family health histories. If the depressive symptoms are the direct result of your physical illness or of side effects of medications, your doctor may adjust or change your treatment regimen for the other illness. If depression is a separate health problem, your doctor may refer you to a mental health professional, who can prescribe antidepressant medications and provide psychotherapy or other treatments.

If you are a member of any of the Commonwealth Indemnity Plans or Navigator by Tufts Health Plan, take advantage of United Behavioral Health's Employee Assistance Program benefits, which can help you with stress related to financial or legal ramifications of your illness. If you are in another GIC health plan, contact your plan to find out what types of mental health service resources are available. Support groups for your medical condition, either in person or in online chat rooms, offer another valuable source of information and support. Ask your doctor or mental health provider for the names of reputable support groups for your condition.



## Mark Your Calendars for GIC-Pretax FSA Open Enrollment October 9 – November 9, 2007 For 2008 Calendar Year Benefits

**T**he GIC's pre-tax Flexible Spending Account (FSA) programs offer state employees a convenient way to save money on state and federal taxes. If you are anticipating spending money on out-of-pocket medical expenses or child care expenses in 2008, consider enrolling during the open enrollment period, which will take place October 9 through November 9. **Current members must re-enroll to receive 2008 benefits.**

### Health Care Spending Account (HCSA)

Pay for your out-of-pocket medical expenses on a pre-tax basis. Examples include:

- ◆ Physician office and prescription drug co-pays
- ◆ Orthodontia and dental expenses not covered by your dental plan
- ◆ Eye wear and exams not covered by your vision plan
- ◆ Over the counter drugs such as pain relievers and eye drops

Active state employees eligible for GIC health benefits are eligible for this program.

### Dependent Care Assistance Program (DCAP)

Pay for child care, after school programs, or day camp for your dependent child under age 13 on a pre-tax basis. Adult dependent day care expenses are also eligible. If you are an active state employee and work at least half-time, you are eligible for this program.

### ELECTION AMOUNT, REIMBURSEMENT AND FEE

**HCSA:** Before you enroll, estimate your 2008 out-of-pocket medical costs to determine your annual election of \$500 to \$2,500. All HCSA participants automatically receive a free debit card to conveniently pay for eligible expenses. Alternately, as you incur expenses, submit a claim form and receipt to SHPS, the program administrator; they will deposit the reimbursement to your bank.

**DCAP:** Elect an annual election of up to \$5,000. As you incur expenses, submit a claim form and receipt to

SHPS, the program administrator. They will deposit the reimbursement to your bank.

**Estimate your election carefully:** It is important to estimate your expenses carefully, as the Internal Revenue Service requires that any unused funds in a participant's account at plan year-end be forfeited. There's a two and a half month grace period after year end to use up these funds.

**Fee:** The monthly administrative fee for HCSA alone, DCAP alone, or HCSA and DCAP combined is \$3.75 on a pre-tax basis.

### ENROLLMENT AND ADDITIONAL DETAILS

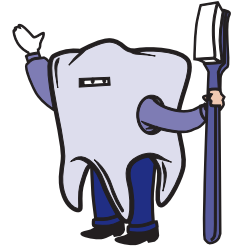
Save money on taxes – enroll no later than Friday, November 9 for 2008 calendar year benefits. For additional details and the enrollment form for new participants, see your Payroll Coordinator, contact SHPS at 1-866-862-2422 or go to the GIC's website [www.mass.gov/gic](http://www.mass.gov/gic). If you are a current participant, you will receive instructions by mail on how to re-enroll online.



*Representative Rachel Kaprielian (D-Watertown), Governor Deval Patrick, and GIC Executive Dolores L. Mitchell listen to Senator Richard T. Moore (D-Uxbridge) discuss the history of the Municipal Health Insurance Working Group.*

# GIC Dental and GIC Retiree Dental

## Q & A



*Q) I was enrolled in the GIC Dental/Vision plan or the GIC Retiree Dental plan before July 1, 2007. Did my benefits change when the GIC changed the administrator to MetLife Dental?*

A) Benefits are the same as they were under Delta Dental (active employee plan) or Altus Dental (retiree dental plan). However, you now enjoy a network of 95,000 participating providers nationwide, including more than 2,100 general and 600 specialty dentists in Massachusetts, which expands your opportunity for lower out-of-pocket costs. Participating dentists, which MetLife calls PDPs, accept MetLife's schedule of benefits. So, if you receive services that are covered at 50% or 80%, your out of pocket will be less because you get the benefit of the discount. Plus, if you exceed the annual maximum and continue to receive services, the dentist will bill you at the negotiated rate.

*Q) How do I find a participating dentist?*

A) You can locate a list of participating providers at [www.metlife.com/gic](http://www.metlife.com/gic) or call MetLife toll-free at 1-866-292-9990 to have a list faxed or mailed to you.

*Q) My dentist does not participate in MetLife Dental's participating provider network. How is my claim processed?*

A) Many dentists will directly bill MetLife for covered services. Providers can call MetLife with claims questions at the 1-866-292-9990 number, pressing option "2". If your dentist will not bill MetLife Dental, pay for services upfront and submit a claim form with the dentist's invoice to MetLife. The claim form is available at [www.metlife.com/gic](http://www.metlife.com/gic) or by calling 1-866-292-9990.

*Q) I never received my MetLife Dental Identification card. How do I get one?*

A) All members were mailed a card from MetLife at the end of June.

However, as it was a paper card, some members may not have realized that it was an ID card. To get another card, contact MetLife by telephone, 1-866-292-9990, or by registering on their website, [www.metlife.com/gic](http://www.metlife.com/gic).

*Q) I incurred claims during the first half of the year. Does my benefit start again now that the GIC has switched to MetLife?*

A) No. The dental year maximum for both the active and retiree plans is a calendar year maximum. All claims for the first half of the year were transferred from Delta Dental and Altus Dental to MetLife. Additionally, all pre-treatment estimates were transferred; MetLife will pay for claims based on the pre-treatment estimate you previously received.

*Q) When will I receive my new Summary Plan Description?*

A) An overview of benefits is available on the MetLife website, [www.metlife.com/gic](http://www.metlife.com/gic), and the GIC's website, [www.mass.gov/gic](http://www.mass.gov/gic). Or, call MetLife at 1-866-292-9990 to have a summary mailed to you. Certificates of coverage will be mailed later this fall to all members.

*The Governor was surrounded by legislators and members of the Municipal Health Insurance Working Group when he signed the legislation giving municipalities the option of joining the GIC. Left to right: GIC Executive Director Dolores L. Mitchell, Senator Richard T. Moore (D-Uxbridge), Representative Rachel Kaprielian (D-Watertown), Massachusetts Teachers Association Consultant John Flannagan, Jr., City of Revere Mayor Thomas G. Ambrosino, Representative Jay Kaufman (D-Lexington), Senator Benjamin B. Downing (D-Pittsfield), and City of Everett Mayor John F. Hanlon.*





# Hospital Quality Resources

In addition to your GIC health plan, the following websites offer reputable information on hospital quality.

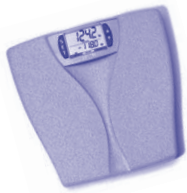
Website	Information Provided
Subimo's Healthcare Advisor, provided to GIC members by UniCare. <a href="http://www.mass.gov/gic/subimo.htm">www.mass.gov/gic/subimo.htm</a> <i>Password: quality</i>	Condition- or disease-specific hospital comparisons based on the following criteria: <ul style="list-style-type: none"> <li>• Complication and post-operative infection rates</li> <li>• Public perception</li> </ul>
Hospital profiles	
Leapfrog Group <a href="http://www.leapfroggroup.org">www.leapfroggroup.org</a>	Hospital comparisons on four measures of quality, safety, and affordability <ul style="list-style-type: none"> <li>• Computer Physician Order Entry (CPOE) - entering medication orders via computer linked to prescribing error prevention software.</li> <li>• Evidence-Based Hospital Referral (EHR): hospitals with extensive experience and the best results with certain high-risk surgeries and conditions.</li> <li>• ICU Physician Staffing (IPS)</li> <li>• Leapfrog Safe Practices Score: adherence to 30 practices that reduce the risk of harm in certain processes, systems or environments of care.</li> </ul>
Hospital Compare <a href="http://www.hospitalcompare.hhs.gov">www.hospitalcompare.hhs.gov</a>	Compare hospital adherence to quality practice measures for certain medical conditions.
Division of Health Care Finance and Policy <a href="http://www.mass.gov/healthcareqc">www.mass.gov/healthcareqc</a>	Compare physician and hospital performance for specific treatments including hip fracture, stroke, heart attack and maternity services. Cost and utilization information is also available.
Health Grades <a href="http://www.healthgrades.com">www.healthgrades.com</a>	Compare hospitals on 32 conditions and procedures, including complication and death rates. Note that more comprehensive reports cost \$18.
Dartmouth Atlas <a href="http://www.dartmouthatlas.com">www.dartmouthatlas.com</a>	Compares hospital data across regions and states on end-of-life care, including transfers to hospice programs and time spent in the Intensive Care Unit.

## In Case of Emergency...

If you are in an accident, your cell phone can let police officers, ambulance services, and hospitals find out who you have designated for them to call in case of emergency (ICE). By entering ICE into your cell phone contact list, emergency personnel can contact the appropriate person or people. Take a few minutes to do the following:

1. Create a new entry in your cell phone contact list
2. Enter: ICE and the person's name (e.g. ICE Mom)
3. Save the entry
4. Enter other ICE contacts if desired





# Your World Is Making You Fatter

Guest Editorial by B. Dale Magee, MD, MS  
President, Massachusetts Medical Society

**Y**our world is making you fatter. Longer commutes and longer work hours leave less time for physical activity. And look at what has happened to our food: the fast food meal that started out as a 2 ounce burger and a 6-ounce soft drink has given way to 8-ounces (or more) of beef with cheese and bacon! The drinks now approach 16 ounces and even 32 ounces! Even a bagel is twice as big as it was 20 years ago.

What effect has this had? The predictable one: More adults and children are overweight. More people are getting diseases related to weight—like type 2 diabetes, high blood pressure and heart attacks. And they're getting them at younger ages. Today, we have the first generation of children whose lifespans are predicted to be less than their parents.

We can help prevent these diseases by living healthier and making healthier choices for ourselves and for our families.

First, weigh yourself regularly. You can't improve what you don't measure. Talk to your doctor about what a healthy weight is for you, and how to get to, or stay at, a healthy weight.

Pay attention to how many calories you're putting in your body. It takes about 3500 calories to lose (or gain) a pound of fat. One tablespoon of butter has 100 calories; walking a mile burns about 100 calories (that's right, 35 miles per pound). It's easier to eat fewer calories than walk off 100 calories, but both are important.

Diets can be confusing and hard to stick to. I'm going to keep it simple: no matter how few calories you feel that you are eating, you need to eat less to lose weight.

Cut portion size. Eat at least three times per day (your body burns more calories this way), but eat less. Watch out when you eat out. Portion sizes at restaurants tend to be much bigger than we need. Don't supersize anything. Leave food on the plate.

Make substitutions. Try not to drink calories. If you drink coffee, switch from cream to milk. Over a week that could save almost 200 calories.

Keep healthy snacks on hand instead of raiding your coworker's candy bowl! Crunch on carrot sticks, an apple or plain popcorn instead of potato chips.

Get more physical activity. It'll improve your mood, and help you manage your stress as well as your weight. Walk whenever you can. Park at the far end of the parking lot. Take the stairs. Dance, ride a bike, garden. Make physical activity fun so you're more likely to stick to it.

You can do this. And you will be healthier if you do.

For more information, visit  
[www.massmed.org/YourHealthFirst](http://www.massmed.org/YourHealthFirst).



*B. Dale Magee, M.D., M.S., president of the Massachusetts Medical Society, is a board-certified obstetrician-gynecologist practicing in Shrewsbury, Massachusetts. He has been medical director of Central Massachusetts Independent Physicians Association, one of the largest physician practice groups in central Massachusetts. As past chair of the Massachusetts Medical Society's Committee on the Quality of Medical Practice, Dr. Magee led the Society's educational and advocacy activities on quality, health policy and patient safety initiatives. Dr. Magee is also a member of the GIC's Physician Advisory Committee – a group of GIC health plan medical directors (and two other Massachusetts Medical Society members) who advise us on issues relating to the Clinical Performance Improvement Initiative.*

*Dr. Magee earned his medical degree at the State University of New York Upstate Medical Center in Syracuse, N.Y., served his residency in obstetrics and gynecology at Case Western Reserve Affiliated Hospitals in Cleveland, Ohio, and earned a masters degree in Health Policy and Quality Measurement at Dartmouth Medical School's Center for Evaluative Clinical Sciences.*

# Governor Signs Law Allowing Municipal Employees to Join the GIC

*continued from page 1*

The bill, whose lead sponsors were Representative Rachel Kaprielian (D-Watertown) and Senator Richard T. Moore (D-Uxbridge), was developed by the Municipal Health Insurance Working Group, chaired by John P. Hamill, Chairman of Sovereign Bank New England. The law was drafted in response to local health insurance rate increases that are adversely affecting municipal services and tax rates. It requires municipal officials to employ coalition bargaining to negotiate the conditions for entering the GIC with a local committee of union and retiree representatives; a weighted vote of 70% of the municipality's Public Employee Committee is required to join. Municipalities must notify the GIC by October 1 of any year in order to have GIC health benefits effective July 1 of the following year. Several new municipal representatives representing management and labor will join the Commission this fall, and two more will be added after more than 45,000 municipal subscribers have enrolled.

This summer, GIC staff participated in 20 regional meetings to discuss the new law with municipal and employee representatives. Staff outlined issues for the municipalities to consider before they join and gave them an overview of the implementation timeline and tasks.



Legislation co-sponsor Rachel Kaprielian (D-Watertown) described the informational meetings that were taking place across the state to help answer municipality questions about the law enabling municipalities to join the GIC. City Manager of Chelsea Jay Ash, GIC Executive Director Dolores L. Mitchell and Metropolitan Area Council Executive Director Marc Draisen listen.

## GIC BENEFIT ACCESS

### Health Insurance

Commonwealth Indemnity Plan, Commonwealth Indemnity Plan Community Choice Plan, Commonwealth Indemnity Plan Medicare Extension (OME), Commonwealth Indemnity Plan PLUS (UNICARE)	1-800-442-9300 www.unicare-cip.com
*Prescription Drugs ( <i>Express Scripts</i> )	1-877-828-9744 www.expressscripts.com
*Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health</i> )	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Fallon Community Health Plan Direct Care, Select Care Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care - Independence Plan  First Seniority Freedom	1-800-333-4742 www.harvardpilgrim.org/gic 1-800-421-3550 www.harvardpilgrim.org
Health New England HMO, MedRate	1-800-310-2835 www.hne.com
Navigator by Tufts Health Plan  Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health</i> )	1-800-870-9488 www.tuftshealthplan.com/gic 1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Neighborhood Health Plan NHP Care	1-800-462-5449 www.nhp.org
Tufts Health Plan Medicare Complement Medicare Preferred	1-888-333-0880 www.tuftshealthplan.com

### Other Benefits

Life Insurance and AD&D ( <i>The Hartford</i> )	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) ( <i>Unum</i> )	1-877-226-8620 www.mass.gov/gic
Employee Assistance Program (EAP) for Managers and Supervisors ( <i>United Behavioral Health</i> )	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP) ( <i>SHPS</i> )	1-866-862-2422 www.mass.gov/gic
GIC Retiree Vision Discount Plan ( <i>Davis Vision</i> )	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan ( <i>MetLife</i> )	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff ( <i>MetLife</i> )	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff ( <i>Davis Vision</i> )	1-800-650-2466 www.davisvision.com

### Other Resources

Social Security Administration ( <i>Federal Program</i> )	1-800-772-1213 www.ssa.gov
Medicare ( <i>Federal Program</i> )	1-800-633-4227 www.medicare.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/treasury/srb.htm

### Other Questions

Group Insurance Commission TDD/TTY Access (website hospital research password: quality)	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
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GROUP INSURANCE COMMISSION  
Dolores L. Mitchell, Executive Director  
Cynthia McGrath, Editor



# The Health Care Cost and Quality Hurdles

## The GIC Walks the Walk

The reasons for increasing health care costs in Massachusetts are not debated: new, expensive technologies, high labor costs, the domination by academic medical centers, new heavily-advertised prescription drugs, consumer demand for the latest technologies, and an aging population. At the same time, according to a 2003 RAND study, fewer than 55% of patients receive care that meets the best standards of quality medical care. However, how do we tackle the cost and quality hurdles? There's a lot of hand wringing, but action has been slow in coming.

The GIC's Clinical Performance Improvement (CPI) initiative, which quantifies differences in physician cost-effectiveness and quality and requires our health plans to develop benefit designs that give members modest co-pays incentives to use better performing providers, is working to mitigate increasing costs and variable quality. All GIC plans (Non-Medicare) have implemented the CPI Initiative and are designated with the Select & Save logo. The sum-

mer issue of MassINC's *CommonWealth* magazine cites the GIC's efforts as one of the few programs that are actually ranking cost and quality. The article notes that doctors and hospitals have raised objections to the GIC's program, and that some states and insurers have backed away from similar ranking efforts to improve quality and contain costs, when they have met with provider opposition.

Instead, the GIC continues to forge ahead, and is working with the provider community to elicit their input and improve the program. "Purchasers and patients must stiffen their resolve and insist on better rates and quality," said Dolores L. Mitchell, GIC Executive Director. "We must be prepared to not just talk about it and wring our hands, but to actually walk the walk to avoid inertia and contain costs."



This publication has been approved by State Purchasing Agent, Ellen M. Bickelman

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inside...  
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COMMONWEALTH OF MASSACHUSETTS  
**GROUP INSURANCE COMMISSION**  
P.O. BOX 8747 • BOSTON, MA 02114-8747